Cross-Party Group on Cancer

Tuesday 27th June 2023, 14:30-15:10, Virtual Meeting Via Microsoft Teams

Minute

Present

MSPs

Miles Briggs MSP (Co-Convener, Chair)
Jackie Baillie MSP (Co-Convener)

Invited guests

Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health and Social Care

Non-MSP Group Members

Gillian Petty, NHS Greater Glasgow & Clyde
Johnstone Shaw, Fight Bladder Cancer UK
Thomas Mulvey, Marie Curie
Jo Williamson, Individual member
John Greensmyth, CLL Support
Rachel Reel, Scottish Government
Samantha Burns, Scottish Government
Diane Sinclair, NHS Greater Glasgow & Clyde
Liam Mac Lua-Hodgson, The Brain Tumour Charity
Norman Pratt, NHS Tayside
George Guy, ICUsteps
Mohammed Uddin, Scottish Government
Victoria Hayes, Kyowa Kirin
Christine Campbell, University of Edinburgh
Tracey Cole, NHS Greater Glasgow & Clyde
Calum Goodfellow, Leukaemia Care
George Davidson, GlaxoSmithKline
Lesley Shannon, Individual member
Sharon Cowell-Smith, NHS Lothian
Christine Boylan, Aberdeen Myeloma Support Group
Lorna May, Lilly UK
Helen Fleming, Individual member
Julie Wardrop, CANDU (Dundee Cancer Support Network)
Sandra Auld, Healthcare Public Affairs
Ellie Wagstaff, Marie Curie

Shonagh Munro, Arden Strategies
Iona Stoddart, Jo's Cervical Cancer Trust
Georgina Giebner, British Dietetics Association
Marie Gallagher, Scottish Cancer Network
Douglas Rigg, Scottish Primary Care Cancer Group
Martin Coombes, Opened Door Ltd
Tonks Fawcett, University of Edinburgh
Anne-Marie Barry, Breast Cancer Now
Eve Thomson, Scottish Government
Evelyn Thomson, West of Scotland Cancer Network (WoSCAN)
Ellys Wakeman, Ipsen
Rosa Macpherson, Individual member
Kay Johnston, Clan Cancer Support
Lorna Porteous, Scottish Primary Care Cancer Group
Jennifer Cameron, Royal College of Occupational Therapists
Barry Hunter, Ayrshire Cancer Support
Tom Martin, Individual member
Greg Stevenson, Greg Stevenson Consulting Limited
Peter Hastie, Macmillan Cancer Support
Suzanne Kelly, Jo's Cervical Cancer Trust
Gillian Piacentini, Amgen
Adam Gaines, Prostate Scotland
Lesley Howells, Maggie's Centres
Ian Pirrie, Cancer Card
Helen Webster, British Dietetics Association
Natasha Johnston, Pancreatic Cancer UK
Brian Forbes, AstraZeneca
Doreen Miller, Cruse Scotland Bereavement Support
Joe Woollcott, Prostate Cancer UK
Carolyn Sunners, Scottish Government
Rosie Mughal, AstraZeneca
Caroline Donoghue, Myeloma UK
Kevin Campbell, NHS Greater Glasgow & Clyde
Michael MacLennan, Cancer Support Scotland
Anna Morton, Scottish Cancer Network
Claire Headspeath, ABPI Scotland
Gail Grant, AbbVie
Laura Wilson, Royal Pharmaceutical Society
Jennifer Doherty, NHS Greater Glasgow & Clyde
Megan MacDonald, Pancreatic Cancer Action
Michael Heggie, Cancer Research UK (Secretariat)
Emily Hindmarch, Cancer Research UK (Secretariat)

Apologies

Edwin van Beek, University of Edinburgh
Sue Webber MSP
Jennifer Forsyth, Obesity Action Scotland
Satyavānī McMillan, CANDU (Dundee Cancer Support Network)
Penny Richardson, Individual member

Christine Mitchell, Individual member
Joanna Dunlop, Public Health Scotland
Dawn Crosby, Pancreatic Cancer UK

1. Welcome & Minutes

Chair, Miles Briggs MSP (MB) opened the meeting and welcomed members. MB briefly described the meeting etiquette and the agenda. Minutes for the CPG on Cancer meeting on 15th March 2023 were then approved without any amendments.

2. Update from the Scottish Government – New Cancer Strategy

MB introduced Michael Matheson MSP (MM), Cabinet Secretary for NHS Recovery, Health and Social Care, who had kindly accepted the CPG's invitation to provide an update to the group on the Scottish Government's new 10-year Cancer Strategy.

MM began by noting that the Scottish Government (SG) published its new 10-year Cancer Strategy and a 3-year Cancer Action Plan on 15th June 2023. Regarding the development of the strategy, he noted that the consultation received 257 responses from people with lived experience of cancer, healthcare professionals, academics, as well as private sector and third sector organisations. MM added that during the consultation process they also held a series of workshops with people with lived experience of cancer and other key stakeholders. MM explained that over the next ten years the strategic aim of the plan is to improve cancer survival and provide excellent equitable access to care. He noted the strategy and action plan take a comprehensive approach to improving patient pathways from prevention and diagnosis, through to treatment and to post treatment care. MM highlighted the strategy's eleven ambitions and eight outcomes for cancer in Scotland. He explained that the overall vision for the strategy is that more cancers are prevented, cancer care services provide excellent treatment and support throughout the cancer journey, and to improve outcomes and survival for people with cancer.

MM acknowledged that cancer remains one of the largest burdens of disease across Scotland and that there has been an ongoing increase in the incidence of cancer. That's why SG has placed a significant emphasis within the strategy on preventing cancer. The government is determined to make sure that we reduce the incidence of cancers through actions in areas such as tobacco control, alcohol related harm, improving diet, healthy weight, and physical activity. MM noted that one of the key actions SG have completed to date is the implementation of minimum unit pricing, which was introduced in May 2018, and highlighted the positive impact it has had in reducing mortality related to alcohol harm. MM noted that smoking remains one of the single biggest preventable areas of public health where further action could be taken to prevent cancer. He added that SG intends to publish a Tobacco Action Plan in the autumn, which will set out further actions to reduce smoking prevalence.

MM emphasised the importance of continuing to have a clear focus on early diagnosis. He noted that despite efforts to prevent cancer where possible, some cancers are not preventable, and for patients to have the best possible outcome an early diagnosis is of great importance. MM noted that the new early cancer diagnosis ambition is reflected in the strategy, with a clear focus on the diagnosis of cancer earlier and faster when the chance of survival is higher. MM added that the key target is that later stage diagnosis will be reduced by 18%. MM said that no one thing will result in this shift being achieved and it will require a collaborative approach. He noted the need to make sure that there is further action around the type of diagnostic services that are required to support early diagnosis, which is why there is a focus on greater collaboration around increasing Rapid Cancer Diagnostic Services (RCDS). MM noted that there are currently five RCDS centres in place in NHS Ayrshire & Arran, Fife, Dumfries & Galloway, Lanarkshire, and Borders. These are being led by the Centre for Sustainable Delivery with funding from SG.

MM noted that he launched the strategy at the Western General Hospital in Edinburgh where he met with staff and patients to discuss their own experience and the progress that has been made in service provision. While there, he met the staff delivering the single point of contact (SPOC) service in Lothian. MM stated the cancer pathway can be complex and challenging for patients and their families, which is why the single point of contact can play such an important part in supporting individuals going through their clinical treatment and dealing with any issues that may arise. MM said that both staff and patients were benefiting from the SPOC service, with staff having time freed up to focus more on clinical care and patients having a clearer understanding of the arrangements that were being put in place for them. He noted that 95% of the patients who provided feedback on the SPOC service were very positive about the experience they had and the way in which it was operating. MM noted that SG have provided further funding of £1.5m for the service. MM added that he hoped to move from diagnosis into pre diagnosis stage in the months ahead which will provide even greater capacity in the system.

MB thanked the Cabinet Secretary for the update and then moved to the Q&A.

Q1: Michael MacLennan (MMac) – Cancer Support Scotland
The funding landscape is already incredibly difficult for non-profit organisations in Scotland, and without the services provided by cancer charities in place it will surely be impossible to realise the strategy's aims. Can we expect more detail on funding and how charities such as Cancer Support Scotland can look to secure this for the purposes of our long-term sustainability and existence?

A: MM noted that a key part of what SG have set out in the strategy and action plan is to make better use of the existing resources, but where there are opportunities to provide additional funding, as they have done for the SPOC service, they will do so. He added that public sector finances are extremely challenging. SG will explore where they can lever in extra resources and free up capacity in existing resources. The monitoring and evaluation programme framework will assess the progress being made against the strategy's ambitions and where things can be done differently. Regarding the monitoring and evaluation process, MM reassured MMac that where a deficiency of resource is having a negative impact on implementation of the strategy, SG will be able to address issues at an early stage with solutions such as funding.

Q2: Dr Douglas Rigg (DR) – Scottish Primary Care Cancer Group
How can the ambitions and actions in the strategy and action plan regarding proactive engagement of patients and "targeted actions in primary care to improve access to care and support" be realistically supported and delivered with current workforce recruitment and retention challenges? And do you have any examples of what these "targeted actions in primary care" might be?

A: MM said that the SG are looking to see what they can do to increase capacity within primary care. He noted the importance of encouraging patients to present earlier with concerns, as well as taking part in the existing screening programmes. One area being explored is the possibility of respiratory screening that could help identify the risk of lung cancer at an earlier stage and how to fit that alongside additional capacity within the primary care setting. MM added that along with the Chief Scientific Officer they're exploring the possibility of some new innovations that might allow earlier stage screening for lung cancer within primary care. MM highlighted the combination of earlier presentations, the need to support colleagues in primary care, and looking at some additional potential capacity around screening for lung cancer as the areas that he sees as being the main priority going forward.

Q3: Anne-Marie Barry (AMB) – Breast Cancer Now
Breast Cancer Now welcome increased resourcing of Systemic Anti-Cancer Therapy (SACT) service across Scotland over the next three years, what can be done now to free up pressure and ensure patients are getting their timely treatment and quick adoption of Scottish Medicines Consortium (SMC) approved medicines?

A: MM noted the importance of clinicians providing medication at an earlier stage as possible for patients, as well as ensuring they're aware of what is available. AMB asked what's going to be done to address immediate problems and highlighted the example of a drug that was approved by SMC which some health boards are having difficulty resourcing along with the additional support services that go with it. MM asked AMB to write to him regarding this specific issue so he can look into it further.

Q4: Jennifer Cameron (JC) – Royal College of Occupational Therapists
As an Occupational Therapist working in cancer services, I'm acutely aware of the challenges around provision of rehabilitation by the Allied Health Professions who are key to delivering rehabilitation services. Do you have information on how the accessibility to tailored rehab services will be measured and how any gaps in provision may be addressed?

A: MM said that the strategy's monitoring and evaluation framework will help identify the gaps and what actions need to be taken to try to address these issues. MM said that there is no doubt that prehabilitation and rehabilitation significantly improve the outcomes for patients going through complex treatment pathways. He noted that it can help to reduce patients' stays in hospital and improve their outcomes. MM also noted the importance of educating patients on the value of prehabilitation because for many it's a new concept, which they have very little in the way of understanding. They understand the issue of rehabilitation after treatment, and why prehabilitation is really important to help to prepare them for their treatment pathway, but don't recognise why it is important before treatment. MM reiterated that the strategy's

monitoring evaluation framework will be the process that will be used to identify where the gaps are, where progress is being made and what the most appropriate measures are to try and address some of these issues.

Q5: Liam Mac Lua-Hodgson (LMLH) – The Brain Tumour Charity
The Cancer Strategy recognises that not all cancers are staged and that additional measures will be required to track progress for these types of cancers. Is it possible for the Cabinet Secretary to expand on the SG's thinking on the types of measurements this could include, including the use of emergency presentations which was mentioned within the strategy?

A: MM said that it could include emergency presentations. He noted that brain tumours don't have the same staging as other cancers, so emergency diagnostics is one of the potentially most effective routes in which to get an early diagnosis, and a key part of trying to detect brain tumours and other cancers at a much earlier stage.

Q6: Dr Johnstone Shaw (JS) – Fight Bladder Cancer UK
The new Cancer Strategy mentions several times the importance of primary care in the role of early diagnosis and treatment of cancer patients, yet many patients, especially in deprived communities, currently experience difficulty in seeing a GP. Can the Cabinet Secretary reassure us that this strategy recognises the need for easier access to primary care for potential and established cancer patients?

A: MM noted that the strategy sits within the wider work SG is undertaking around improving access to primary care and he highlighted SG's current review of GP access. MM added that the review is looking at some of the challenges patients have accessing GP services and how to improve and address some of these issues. MM said that we also have to think about some of the wider multidisciplinary teams within primary care that can help to support patients that are receiving, or have received, cancer treatment. He noted the part health professionals can play in helping to prepare individuals for treatment, but also with their rehabilitation. MM referenced a piece of work SG has undertaken over the last couple of years to expand the primary care team with a greater number of health professionals, advanced nurse practitioners, and non-nurse specialists working within the primary care team. MM said that making sure that we have an expanded group of expertise within the primary care setting, alongside the expertise of GPs, is going to be important going forward, alongside addressing existing issues of accessing GP services through the ongoing review.

Q7: Joe Woollcott (JW) – Prostate Cancer UK
The route into the diagnostic pathway for prostate cancer is via a PSA blood test administered in primary care. Given the incidence rate of prostate cancer, the ambitions on 'Earlier and Faster Diagnosis' set out within the new Cancer Strategy especially regarding 'supporting primary care', and promising results from a self-referral pilot currently ongoing in England, would SG be willing to trial alternative routes into the pathway?

A: MM said SG are always willing to look at alternative service models that could help to improve both diagnosis and outcome for patients. MM referenced changes made in NHS Lothian with direct referrals from primary care to diagnostics, rather

than waiting to see a consultant and then being referred for diagnostics. Feedback from NHS Lothian has been that this has improved things in speeding up the diagnostic process and getting patients into treatment at a much quicker stage. MM said that he is open to looking at different models including the ongoing self-referral pilot in England. MM asked if JW could share the details of the trial in England. He added that SG would be happy to explore this further with Prostate Cancer UK.

Q8: Tom Martin (TM) – Individual member
What immediate steps are being taken to implement a revised cancer workforce plan?

A: MM noted that there is an international shortage, with countries competing against one another to recruit and retain staff within their various healthcare systems. MM said that there are several different things SG can do to try to help to address this issue. As an example, MM highlighted that he has commissioned a piece of work to look at the existing number of oncologists, those that are in training, what the projections are and what will be required in the years ahead. This is to ensure the training programme aligns with the projected needs and whether more training opportunities are needed to increase the number of oncologists. MM noted that there are different things SG can do to try and make the NHS attractive for staff. Another one of the pieces of work SG are taking forward within the Centre for Sustainable Development is looking at how they can do more within NHS Scotland around providing opportunities to develop clinical trials and how Scotland is a good place to work because there's a considerable amount of innovation opportunities. The Cabinet Secretary reiterated that Scotland is competing in an international environment.

TM asked MM if there are enough training places in Scotland. In response, MM noted that it depends on the different specialisms and a range of different reasons. MM noted that large centres conducting significant levels of research and innovation have become very attractive locations because of the resources available. He added that medicine is becoming more specialised, which means clinicians often want to go to centres with greater levels of throughput or patients to build up experience. It's a dynamic and changing environment, and NHS Scotland needs to adapt to that. MM also highlighted the rural dimension to Scotland’s health services, which makes it more challenging to sustain services because of the smaller population bases. MM highlighted the need to design the delivery of services to support rural areas. So that patients can get treatment as close to home as possible, but also recognising there are times where that's not viable. TM questioned whether there will be a significant increase in staffing. MM reiterated that the NHS would continue to recruit an increase of staff in cancer services and noted the challenges previously highlighted.

Q9: Jackie Baillie MSP (JB)
JB noted her disappointment regarding the cancer waiting time statistics published today (27th June) for both the 31-day target and the 62-day target. In her area of Greater Glasgow and Clyde, the 31-day target been hasn't met for one year and the 62-day target in ten years. JB noted that there was little mention of this in the cancer plan and asked the Cabinet Secretary to set out what action is being taken so that we do meet the targets?

A: MM highlighted that the number of patients within both the 31-day and 62-day targets are significantly above where they were in 2019 and there are about 900 more patients in both pathways than pre-pandemic. There has been a very significant increase in demand in services, which is placing a significant level of strain on existing services. MM said there are three areas where there needs to be further progress which are colorectal, urology and breast. MM noted that one of the key challenges is around diagnostics and highlighted the work that SG have already done with several health boards in increasing specialist diagnostic facilities. The Centre for Sustainable Delivery is looking at how the NHS can make better use of theatre time to increase throughput, as well as mobile theatres being introduced to help to increase capacity. MM noted that some of the redesign of work that we're seeing from health boards such as NHS Lothian is starting to reap benefits. The statistics that were released today (27th June) are for the first quarter of this year and the impact of some of this work is now starting to feed through. He added the data from April would show a significant improvement in the 31 and 62-day target. MM finished by noting some health boards are also focusing on those who have the longest waits which will provide additional capacity in the months ahead.

MB thanked the Cabinet Secretary for attending. MB noted that the secretariat would gather any questions submitted by attendees in the meeting chat function that had not been taken and would put these to MM in writing. MB asked CPG members to contact the CPG secretariat (crosspartygroup@cancer.org.uk) if they have any additional issues to raise for inclusion in the CPG's letter to the Cabinet Secretary. MM's response to the letter will be circulated to CPG members in due course.

3. AOB

There was no AOB at the meeting.

4. Close of Meeting

MB thanked everyone for attending and noted the next meeting date is still to be confirmed but will take place in September. The secretariat will be in touch with more details on the next meeting agenda and how to register in due course.